

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution – General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-15-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the medications Protonix, trazodone, and Zoloft were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from to is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of December 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

Enclosure: IRO decision

December 2, 2004

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M5-05-0553-01
CLIENT TRACKING NUMBER: M5-05-0553-01/5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:Records received from TWCC:

Notification of IRO assignment dated 11/24/04, 1 page

Notification of Medical Dispute Resolution, dated 11/24/04, 1 page

Medical Dispute Resolution request/response, dated 10/15/04, 2 pages

Table of disputed services, no date, 2 pages

EOBS from Texas Mutual, dated 10/21/03, 10/27/03, 11/24/04 and 12/15/03, 4 pages

Records received from Requestor:

Letters to EZRX Pharmacies, from Richard Taylor, D.O., dated 12/9/03, 3/1/04, 7/16/04, 4 pages

Records received from Dr. Taylor:

Care Clinics Clinic Notes by Richard (Rick) Taylor, D.C., dated 10/21/03, 10/24/03, 10/27/03, 10/28/03, 11/10/03, 12/8/03, 12/15/03, 7 pages

Letter to TWCC from Richard (Rick) Taylor, D.C., dated 10/27/03, 1 page

Care Clinics Clinic Procedure Notes by Richard (Rick) Taylor, D.C., dated 10/27/03, 1 page

Care Clinics Clinic Notes by Stephan Hardin, P.A.C., dated 11/03/03, 11/20/03, 2 pages

Care Clinics Clinic Notes by Robert Byrnes, D.O., dated 12/1/03, 1 page

Summary of Treatment/Case History:

This patient injured his low back on the job on _____. The patient was prescribed protonix, due to gastritis secondary to oxycontin, a narcotic pain medication. The patient was prescribed trazodone 150 mg, for insomnia caused by his intake of oxycontin. The patient has a designated doctor evaluation signed by Peter Robinson, M.D.. Dr. Robinson arrived at a 0% impairment rating, on 7/28/03. Dr. Robinson also determined MMI on the determined date. Impression is low back pain and sciatica as of 11/03/03, as given by Stephen Hardin, P.A.C.

The patient has seen Dr. Oishi, a specialist in neurosurgery, however, his report is not included in this review.

Questions for Review:

DOS from 10/21/03 – 12/15/03.

1. Items in dispute are the following medications: Protonix, trazodone, and zoloft.

These medications were denied by the carrier for medical necessity; do you agree or disagree with the denial?

Conclusion/Decision to Not Certify:

A complete review of all records was completed as of 12/1/04. The patient seems to be over medicated with narcotic pain medication, which is causing all of this patient's symptoms according to the record.

DOS from 10/21/03 – 12/15/03.

1. Items in dispute are the following medications: Protonix, trazodone, and zoloft.

These medications were denied by the carrier for medical necessity; do you agree or disagree with the denial?

This reviewer concurs that the medications, protonix, trazodone, and zoloft are not medically necessary, and the patient's symptoms seem to be caused by the pain medication, oxycontin (a narcotic) as documented in the record.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

Patient medical records

The physician who performed this review is board certified by the American College of Family Practice in Osteopathic Medicine and Surgery. This reviewer is a member of the American Medical Association, the Texas Medical Association, the American Osteopathic Association and is a Diplomate of The National Board of Examiners for Osteopathic Physicians and Surgeons of the United States of America. This reviewer has been in active practice since 1978.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payer and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical

literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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